



APOLLO HOSPITALS, SECUNDERABAD		CQI – 07
		Issue: C
POLICY AND PROCEDURE OF INCIDENTS REPORTING		Date: 06-01-2017
		Page 1 of 10
PREPARED BY:	APPROVED BY:	
Dy. Medical Superintendent	Chief Executive Officer	

1. PURPOSE

- 1.1. The purpose of incident reporting is to proactively prevent and reduce injuries to patients, visitors and employees.
- 1.2. Incident reporting permits the collection of incident data and allows the analysis of trends that may identify organizational, system and environmental problems / deficiencies.
- 1.3. The early identification of such occurrences allows the organization to immediately investigate the circumstances of the incident, and if necessary, institute corrective action to prevent similar occurrences in the future.
- 1.4. In addition, early warning of specific incidents allows the organization / management to investigate the problem rapidly, collect witness statements while recollection is fresh, secure the incident locus and collate any other relevant information for e.g., medical records, pathology, etc. The management of health care facility is then in a position to learn effectively and improve service delivery to patients, staff and visitors.

2. SCOPE

- 2.1. This policy is applicable to any incident involving patient, visitor, staff or a process. Reporting of incidents is applicable to all staff working in hospital premises including outsourced staff.

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APOLLO HOSPITALS, SECUNDERABAD		CQI – 07
		Issue: C
POLICY AND PROCEDURE OF INCIDENTS REPORTING		Date: 06-01-2017
		Page 2 of 10
PREPARED BY:	APPROVED BY:	
Dy. Medical Superintendent	Chief Executive Officer	

3. DEFINITIONS

- 3.1. **Incident:** An event that harms, or has the potential to harm. This may give rise to actual or possible personal injury, to patient dissatisfaction, or to property loss or damage.
- 3.1.1. This includes adverse clinical events (an event or omission arising during the delivery of clinical care and causing physical or psychological injury to a patient) and injury sustained by a staff member during the course of their work or an injury sustained as a result of a physical act of violence done to a person at work.
- 3.2. **Patient safety Incident:** Any unintended or unexpected incident that could have or did lead to harm for one or more patients.
- 3.3. **Hazard:** Anything that has the potential to cause injury, damage or loss.
- 3.4. **Clinical Incident:** Any incident directly related to patient treatment or care which did or could have resulted in an adverse outcome (for example, treatment / procedure error, medical equipment failure, x-raying wrong body part, wrong diagnosis, intubation problems, failure to warn (informed consent), problems with medical records.
- 3.5. **Medication Incident:** Any medication related event that could or did lead to patient harm, loss or damage.
- 3.6. **Near miss:** An incident, which if it did not cause injury or damage this time, could do so if it happened again.
- 3.7. **Personal accident:** Any accident, no matter how small, which did or could have adversely affected any person. This does not include any incident caused

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APOLLO HOSPITALS, SECUNDERABAD	CQI – 07
	Issue: C
POLICY AND PROCEDURE OF INCIDENTS REPORTING	Date: 06-01-2017
	Page 3 of 10
PREPARED BY: Dy. Medical Superintendent	APPROVED BY: Chief Executive Officer

deliberately. Examples, needle stick injury from taking a blood sample, slip on wet floor, caught finger in filing cabinet.

3.8. Violence, Abuse or Harassment: Any incident involving verbal abuse, unsociable behavior, racial or sexual harassment, physical assault, or self-harm, whether or not injury results. For example – drunken youths in hospital, child in hospital hitting a member of staff, patient cutting his/her wrists with a knife.

3.9. Fire Incident: A fire is defined as '*an undesirable event which emits heat, smoke and/or flame, which has the potential to cause damage, may require intervention either mechanical or human or has a cost implication*'.

3.10. Security Incident: Any untoward incident involving theft, loss or other damage to organizational or personal property, intrusions, false alarms (but not fire alarms), absconded patients and other security incidents. Examples – vandalism, burglary, petty theft, car crime, mobile theft and fraud.

3.11. Sentinel Event: A sentinel event is an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or function. The phrase, "or the risk thereof" includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome.

3.12. Other Incident: This type of incident is marginal in number and incidents which don't fall under the above said incidents (3.1 to 3.11) are considered as other incidents.

3.13. Root Cause Analysis: A process for identifying the basic or causal factors that underlies variation in performance, including the occurrence or possible

**CONTROLLED COPY
QUALITY DEPARTMENT**



APOLLO HOSPITALS, SECUNDERABAD		CQI – 07
		Issue: C
POLICY AND PROCEDURE OF INCIDENTS REPORTING		Date: 06-01-2017
		Page 4 of 10
PREPARED BY:	APPROVED BY:	
Dy. Medical Superintendent	Chief Executive Officer	

occurrence of a sentinel event. A root cause analysis focuses primarily on systems and processes, not individual performance. It progresses from special causes in clinical processes to common causes in organizational processes and identifies potential improvements in processes or systems that would tend to decrease the likelihood of such events in the future, or determines, after analysis that no such improvement opportunities exist.

4. RESPONSIBILITY

- 4.1. Unit Head is responsible to implement and review the system of incident reporting
- 4.2. All HODs / In-charges to ensure the following
- 4.3. The policy is disseminated to their staff
- 4.4. The policy is understood by their staff
- 4.5. The policy is implemented by their staff

5. POLICY

- 5.1. Apollo Hospital Management mandates that all incidents are reported to Unit Head within 24 hours of such incident and is essential for the delivery of high quality, safe, patient care. This also ensures the health, safety and wellbeing of patients, visitors and staff in the facility.
- 5.2. The incident report form is an administrative document, not part of the medical record. The fact that a report of incident form has been completed should not be reflected in the medical record, nor should the report be placed in the medical record. In addition, no copies of the report of incident form may be made.

**CONTROLLED COPY
QUALITY DEPARTMENT**



APOLLO HOSPITALS, SECUNDERABAD	CQI – 07
	Issue: C
POLICY AND PROCEDURE OF INCIDENTS REPORTING	Date: 06-01-2017
	Page 5 of 10
PREPARED BY: Dy. Medical Superintendent	APPROVED BY: Chief Executive Officer

- 5.3. Incident reporting is a shared responsibility of all staff and is therefore part of every member's role and responsibility, where mistakes and untoward occurrences are identified quickly and acted upon in a positive constructive and objective way.
- 5.4. Voluntary disclosure
- 5.5. The employees are requested to voluntarily disclose errors through incident reporting form for which they will be rewarded / appreciated.
- 5.6. Employees to learn about the various incidents that can occur in a healthcare setting, and to approach concern HOD / Quality Department for the same.
- 5.7. Employees to keep an eye on such incidents, identify them, raise incident report and forward to office of Unit Head.
- 5.8. All incidents reported will be viewed as a part of Continuous Quality Improvement activity with the spirit of establishing and maintaining SAFETY CULTURE.
- 5.9. Any incidents hidden by concerned staff, if identified / explored by the hospital administration, the concerned staff will be subjected to SEVERE ACTION.
- 5.10. Hospital Management adopts a **BLAME-FREE CULTURE** in management of incident reporting. All incidents and near misses are handled in a confidential manner to ensure that patients/visitors/staff are supported and treated respectfully.
- 5.11. Health care providers and other employees are required to report and complete a report of the incident (in a standardized incident reporting form regarding any patient, staff or visitor who, while within hospital premises, is

CONTROLLED COPY
QUALITY DEPARTMENT



APOLLO HOSPITALS, SECUNDERABAD	CQI – 07
	Issue: C
POLICY AND PROCEDURE OF INCIDENTS REPORTING	Date: 06-01-2017
	Page 6 of 10
PREPARED BY: Dy. Medical Superintendent	APPROVED BY: Chief Executive Officer

involved in an occurrence which has caused or has the potential to cause injury or loss or damage to their personal property. This includes incidents where the possibility of injury existed although no injury was actually incurred and those incidents which are inconsistent with the routine care of a particular patient or routine operation of the hospital.

5.12. The following events involving patients, visitors and staff to be reported promptly and action taken as necessary.

Clinical incidents (Annexure 1)

Medication incidents (Annexure 2)

Near miss incidents (Annexure 3)

Accidents & Dangerous Incidents (Annexure 4)

Violence, abuse & harassment incidents (Annexure 5)

Fire incidents (Annexure 6)

Security incidents (Annexure 7)

Patient rights violation incidents (Annexure 8)

Sentinel Event incidents (Annexure 9)

Non-Fire emergency incidents (Annexure 10)

Other incidents (Refer definition)

5.13. All HODs and employees are required to comply with this policy and non compliance to this policy will result in penalty from warning to severe action.

5.14. Quality department to collate the incidents reported and produce the trends to Quality Improvement Committee for further action.

**CONTROLLED COPY
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APOLLO HOSPITALS, SECUNDERABAD		CQI – 07
		Issue: C
POLICY AND PROCEDURE OF INCIDENTS REPORTING		Date: 06-01-2017
		Page 7 of 10
PREPARED BY:	APPROVED BY:	
Dy. Medical Superintendent	Chief Executive Officer	

6. PROCEDURE

6.1. The key principles of incident reporting are as follows:

- 6.1.1. To promote a system for the reporting, recording, investigation, analysis and evaluation of all near misses, sentinel events and incidents
- 6.1.2. To improve the safety and quality of care through reporting, analyzing and learning from incidents involving patients, staff and visitors.
- 6.1.3. To provide feedback to staff
- 6.1.4. To effectively implement Risk Management Strategies.
- 6.1.5. To Analyze data in order to provide an overview of all incidents
- 6.1.6. To minimize loss of reputation or assets of the health care facility and its staff.
- 6.1.7. To foster / inculcate an open and learning culture.
- 6.1.8. To adopt a blame free culture.

6.2. Procedure for Incident reporting

- 6.2.1. All hospital staff must report incidents through a prescribed incident reporting form only.
- 6.2.2. The person completing the incident report form should be the individual who witnessed, first discovered, or is most familiar with the incident. Each section of the form must be completely filled.
- 6.2.3. The description of the incident should be a brief narrative which should consist of an objective description of the facts. It should not include the

**CONTROLLED COPY
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APOLLO HOSPITALS, SECUNDERABAD		CQI – 07
		Issue: C
POLICY AND PROCEDURE OF INCIDENTS REPORTING		Date: 06-01-2017
		Page 8 of 10
PREPARED BY:	APPROVED BY:	
Dy. Medical Superintendent	Chief Executive Officer	

writer's judgment as to the cause of the event. Quotes should be used where applicable with witnessed incidents, e.g. "Patient states..."

6.2.4. The name of any witness should be included on this report. The name and ID of the employee directly involved in the incident can be recorded in the witness space even though the employee is not the reporter.

6.2.5. The incident report form should be completed immediately, as soon as possible, or no later than the end of the shift during which the incident occurred or was discovered to have occurred and must be forwarded to Unit Head office within 24 hours.

6.2.6. The filled in incident report should be forwarded to Unit Head, who then document his comments on the incident and forward the form within 24 hours to concerned HOD/in-charge to take appropriate corrective/preventive action.

6.2.7. Concerned HOD/ in-charge should take appropriate corrective/preventive action, document the same in incident reporting form and grade the severity of the incident.

6.2.8. The completed form is forwarded to Unit Head by HOD/in-charge within 24 hours of receiving the form.

6.2.9. Unit Head shall review the action taken and grades whether the action taken is satisfactory or not.

6.2.10. In case of non satisfactory action point 6.2.6 to 6.2.9 is repeated. If Unit Head is still unsatisfied with action taken, a meeting to be conducted with Unit Head and all concerned for appropriate corrective action.

CONTROLLED COPY
QUALITY DEPARTMENT



APOLLO HOSPITALS, SECUNDERABAD		CQI – 07
		Issue: C
POLICY AND PROCEDURE OF INCIDENTS REPORTING		Date: 06-01-2017
		Page 9 of 10
PREPARED BY:	APPROVED BY:	
Dy. Medical Superintendent	Chief Executive Officer	

6.2.11. In case of satisfactory action, the completed form is forwarded to Quality Department where the type of incident is identified and a code is given to identify the form when required.

6.2.12. All such incidents are analyzed for the trend and a report on the same is submitted to Quality Improvement Committee once in a month.

6.2.13. Quality department with the help of Domain expert staff to analyze serious incidents and serious near misses and investigate to see what lessons can be learned, put recommendations to Quality Improvement Committee to reduce risk and improve systems.

6.3. Incidents involving patients

6.3.1. The patient must be examined by an appropriate physician (if clinical incident), an immediate care should be given, relevant information to be documented in the patient case sheet and complete information to be documented in incident reporting form.

6.4. Incidents involving visitors

6.4.1. All incidents involving visitors must be reported to the in-charge in the area where the incident occurred.

6.4.2. A visitor who has sustained an injury while in the hospital should be escorted by a staff member to the emergency room for medical attention. If the injured person refuses medical attention, this must be noted on the incident reporting form.

**CONTROLLED COPY
QUALITY DEPARTMENT**



APOLLO HOSPITALS, SECUNDERABAD		CQI – 07
		Issue: C
POLICY AND PROCEDURE OF INCIDENTS REPORTING		Date: 06-01-2017
		Page 10 of 10
PREPARED BY:	APPROVED BY:	
Dy. Medical Superintendent	Chief Executive Officer	

6.4.3. All hospital staff are trained on this policy and procedure once in every 6 months or as and when necessary and during induction training for new joiners.

7. Flow chart of Incident Reporting Process: Refer Annexure-1

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